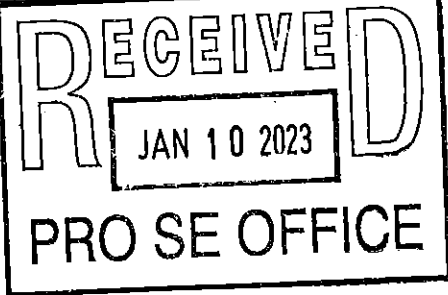


Case # PL: 130-53 Dismissed.

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

1 ZEH Matthew



No. _____

(To be filled out by Clerk's Office)

Write the full name of each plaintiff.

COMPLAINT
(Prisoner)

-against-

- 1) Correction Officers
- 2) Department of Correction
- 3) The Warden of Correction
- 4) The Inmate (Johnson, Williams, Bowmen, Thong)

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

Suing Correction Dept for

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

- 1) Sexually Assaulting me by their officer
- 2) And their humiliation of me
- 3) Violating my four secured human rights

Also Suing For Medical Malpractice: Saying That I am Crazy & Insane Which The Approve Nothing

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Matthew A Izeah
First Name Middle Initial Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Rikers Island and Van Buren Corr. Center
Current Place of Detention
Queens, NY Bronx, NY 10467

~~Institutional Address~~ my Address
361 E 188 St Bronx, NY 10458 -
County, City State Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

- ☐ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☐ Convicted and sentenced prisoner
☒ Other: _____

By Judge Abraham Clite

Out of Jail

Case # PL 130.53 EF
Persistent Sexual Abuse
Dismissed on Jury Trial 12/16/22.

** Case # PL 130.53 ET*
Persistent Sexual Abuse Was Dismissed
Dismissed on Jury Trial 12/12/22

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

Warden of Van Buren Correction Bronx, NY
 First Name Last Name Shield #
 Warden of the Boat
 Current Job Title (or other identifying information)
 VBCB, Bronx, NY, 10467
 Current Work Address
 Van Buren Correction Center

Defendant 2:

Inmate (William Anthony C
 First Name Last Name Shield #
 Johnson, Lions, Bowmen
 Current Job Title (or other identifying information)
 VBCB, Bronx, NY, 10467, Cell 12B
 Current Work Address
 Bronx NY 10467 Cell 10, 12, 17
 County, City State Zip Code

Defendant 3:

Correction Officer / The
 First Name Last Name Shield #
 Commissioner of Correction
 Current Job Title (or other identifying information)
 Department
 Current Work Address
 Rikers Island New York City
 County, City State Zip Code

Defendant 4:

First Name Last Name Shield #
 Current Job Title (or other identifying information)
 Current Work Address
 County, City State Zip Code

Case # PL-13053
 * Persistent Sexual Abuse → Dismissed
 on Jury Trial 12/16/2022

V. STATEMENT OF CLAIM

Place(s) of occurrence:

New York City Correction Facilities

Date(s) of occurrence:

17th of June, August 5th, 2022

FACTS:

November through December, 2022

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

I am suing the Department of Correction for threatening my life by putting through a lot of dangers. Telling inmate to fight and beat me up. They do fight with me on 17th of June 2022. The correction officer tell his inmate to blow on my face and he did blow on my face and I started bleeding blood on my face, nose, mouth and my tooth fell out!

The Correction officer made the inmate to spit on me and pour me waters mix with soap on me when I was lying on my bed sleeping and I get wet all over. The correction officer tell the inmate that I am smelling sheet like shit and they start pouring water on me and assault me by beating spitting slapping me with their hand and fighting at the shower room.

* This Case was Dismissed on Trial
Case # PL 130.53.EF

The Correction officer allow
her inmate putting their hands
on me multiple time breaking
my tooth and also they pass
out life threatening message.
The Correction officer's threat
is the Emergency Search Unit, Search-
ing me by getting me naked and
they scanning my body trying to
steal my organs.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

The Persistent Sexual Abuse with Docket
PL 130.53.EF. Was dismissed
at Jury Trial on 12/16/2022.
Now I am on medical treatment.
I am Suing Correction for \$1 Million
One Million Dollars, \$1,000,000.00.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

* Suing Correction NYC
With all this fatigue and
strain difficulties they take me
through and endangering my life.
Now I am responding to medical
treatment in Bellevue and
Veteran Hospital and losing my
car. I am Suing for \$1 Millions

Sue for: One Millions Dollars

\$1 Millions

Suing for: 1,000,000.00

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

01/09/2023
 Dated _____ Plaintiff's Signature _____
 Matthew A 12th
 First Name Middle Initial Last Name
 361 E 18th St Apt 24
 Prison Address
 Bronx NY 10458
 County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: _____